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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
			Annlination N	Application Number 10/5		537,318 Conf. No.: 32		
FEE TRANSMITTAL			Filing Date		December	06, 2005		
For FY 2009			First Named I	First Named Inventor Mats		MQUIST		
			Examiner Nar	Examiner Name X. XU				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Art Unit 17					
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Doci	Attorney Docket No. 1209-0		PUS2		
METHOD OF PAYMEN	IT (check a	ill that apply)						
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	FILING FEES SEARCH FEES EXAMIN Small Entity Small Entity				MINATION <u>Small</u>			
Application Type	Fee (\$)	Fee (\$) Fe	e (\$) Fee (\$)	Fee	(\$) Fee		Fees Paid (\$)	
Utility	330	165 54	40 270	22	0 11	0		
Design	220	110 10	00 50	14	0 7	0		
Plant	220	110 33	30 165	17	0 8.	5		
Reissue	330	165 54	40 270	65	0 32	5	**************************************	
Provisional	220	110	0 0		0	0		
F== (6)							Small Entity	
Fee Description Each claim over 20 (including Reissues)						52	<u>Fee (\$)</u> 26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						ultiple Dep	endent Claims	
24 - 20 or HP =		X=	0.00		£	ee (\$)	Fee Paid (\$)	
HP = highest number of total	i ciaims paid i Extra Clai		Fee Paid (\$)		******			
2 -3 or HP =		x= _	0.00					
HP = highest number of inde	•	ns paid for, if greater than 3	•					
3. APPLICATION SIZE If the specification and	ree i drawings	exceed 100 sheets of	paper (excluding	electro	nically file	d sequenc	ce or computer	
listings under 37 C	FR 1.52(e)), the application size	e fee due is \$270	(\$135 fc	r small en	tity) for e	ach additional 50	
	hereof. Se	e 35 U.S.C. 41(a)(1)(G) and 37 CFR 1	.16(s).	akà	F 10	r) Eng Deid (E)	
<u>Total Sheets</u> - 100 =	Extra She	/ 50 = 0	each additional 50 (round up to a			Fee (\$	5) <u>Fee Paid (\$)</u> = 0.00	
4. OTHER FEE(S)	ication \$	130 fee (no small ent	ity discount)		·		Fees Paid (\$)	
Other (e.g., late filing surcharge): RCE filing fee							810.00	
	***************************************			***************************************	***************************************			
SUBMITTED BY Signature	rom		Registration No.	48917		Telephone	703-205-8000	
(Attorney/Agent)								
Name (Print/Type) Chad J. E	owings	artin.				DOIG MOVE	ember 22, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.